



PATENT  
IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

IN RE APPLICATION OF:

THOMAS W. PARKER

Serial No.: 08/468,538

Group No.: 3407

Filed: June 6, 1995

Examiner: John C. Fox

For: REVERSING VALVE AND METHOD

Docket No.: 12-966D1

Assistant Commissioner for Patents  
Washington, D.C. 20231

AMENDMENT TRANSMITTAL

1. Transmitted herewith is an amendment for this application.

STATUS

2. Applicant is

\_\_\_\_\_ a small entity -- verified statement:

\_\_\_\_\_ attached.

\_\_\_\_\_ already filed.

xx other than a small entity.

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CERTIFICATE OF MAILING (37 CFR 1.8a)

I hereby certify that this paper (along with any referred to as being attached or enclosed) is being deposited with the United States Postal Service on the date shown below with sufficient postage as first class mail in an envelope addressed to the "Assistant Commissioner for Patents, Washington, D.C. 20231.

Ellen M. Grzelak

(Type or print name of person mailing paper)

Date: November 22, 1995

Ellen M. Grzelak

(Signature of person mailing paper)

### EXTENSION OF TERM

3. The proceedings herein are for a patent application and the provisions of 37CFR 1.136 apply.

(complete (a) or (b) as applicable)

(a) \_\_\_\_\_ Applicant petitions for an extension of time for the total number of months checked below:

|       | Extension<br>(months) | Fee for other than<br>small entity | Fee for<br>small entity |
|-------|-----------------------|------------------------------------|-------------------------|
| _____ | one month             | \$ 110.00                          | \$ 55.00                |
| _____ | two months            | 380.00                             | 190.00                  |
| _____ | three months          | 900.00                             | 450.00                  |
| _____ | four months           | 1,400.00                           | 700.00                  |

Fee \$ 110.00

If an additional extension of time is required please consider this a petition therefor.

(check and complete the next item, if applicable)

\_\_\_\_\_ An extension for \_\_\_\_\_ months has already been secured and the fee paid therefor of \$ \_\_\_\_\_ is deducted from the total fee due for the total months of extension now requested.

Extension fee due with this request \$ \_\_\_\_\_

OR

(b) xx Applicant believes that no extension of term is required. However, this conditional petition is being made to provide for the possibility that applicant has inadvertently overlooked the need for a petition for extension of time.

### FEE FOR CLAIMS

4. The fee for claims has been calculated as shown below:

|   |   |                                 |    |               | Small Entity |            | Other than a Small Entity |            |            |
|---|---|---------------------------------|----|---------------|--------------|------------|---------------------------|------------|------------|
| (Col. 1)  |   | (Col. 2)                        |    | (Col. 3)      |              | Rate       | Addit. Fee                | Rate       | Addit. Fee |
| Claims Remaining After Amendment                |   | Highest No. Previously Paid for |    | Present EXTRA | Rate         | Addit. Fee | Rate                      | Addit. Fee |            |
| TOTAL   | 8 | MINUS *                         | 20 | =             | x            | 11         | = \$                      | x          | 22 = \$    |
| INDEP.  | 2 | MINUS **                        | 3  | =             | x            | 39         | = \$                      | x          | 78 = \$    |
| _____ First Presentation of Multiple Dep. Claim |   |                                 |    |               | x            | 125        | = \$                      | x          | 250 = \$   |
|   |   |                                 |    |               |              | Total      | \$                        | or Total   | \$         |

\* If the Highest No. Previously Paid for in this space is less than 20, enter "20".

\*\* If the Highest No. Previously Paid for in this space is less than 3, enter "3".

(c) xx No additional fee is required

OR

(d) \_\_\_\_\_ Total additional fee required \$ \_\_\_\_\_

**FEE PAYMENT**

5. \_\_\_\_\_ Attached is a check in the sum of \$ \_\_\_\_\_  
\_\_\_\_\_ Charge Account No. 23-0630 in the sum of \$ \_\_\_\_\_  
A duplicate of this transmittal is attached.

**Fee Deficiency**

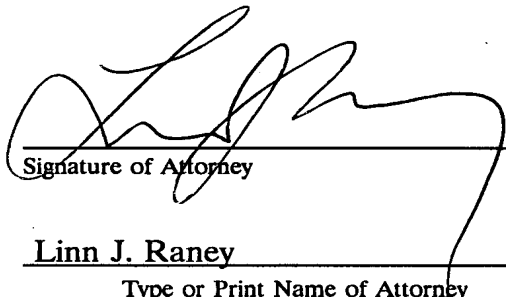
6. xx If any additional extension and/or fee is required, this is the request therefor and to charge  
Account No. 23-0630

And/Or

xx If any additional fee for claims is required, charge Account No. 23-0630.

Reg. No.: 23,078

Tel. No.: (216) 623-0775  
Fax No.: (216) 241-8151

  
\_\_\_\_\_  
Signature of Attorney

Linn J. Raney

\_\_\_\_\_  
Type or Print Name of Attorney

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